



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

## APPLICATION FOR PRINCIPAL'S CERTIFICATE OF LICENSE TO TEACH

### SECTION I: TO BE COMPLETED BY APPLICANT

#### A. VITAL INFORMATION

SOCIAL SECURITY NUMBER\*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ( )

W ( )

**B. EDUCATION:** List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees. (If additional space is needed, please attach sheets as necessary.)

COLLEGE/ UNIVERSITY	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	

**IMPORTANT:** Official transcripts listed in Part B must be received from schools before application is considered complete.

#### C. TYPE OF CERTIFICATION APPLYING FOR:

Elementary Principal (K-8)	<input type="checkbox"/> Initial	<input type="checkbox"/> Advanced
Middle School Principal (5-9) (cannot stand alone)	<input type="checkbox"/>	
Secondary Principal (9-12)	<input type="checkbox"/> Initial	<input type="checkbox"/> Advanced

#### D. PROFESSIONAL CONDUCT (ALL questions must be answered)

Applicants must submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Conduct & Investigation Section, Post Office Box 480, Jefferson City, Missouri 65102-0480 and may be completed by any law enforcement agency. If you currently hold a valid Missouri teaching certificate you DO NOT need to submit fingerprints.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

[\\*View the Social Security Number Disclosure Notice.](#)

#### E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

**TWO PAGE FORM**

SECTION II: Must be completed by the designated recommending official from the applicant's college/university		
A. REQUIRED COURSES	COURSE TITLE	COURSE NUMBER
Foundations of Educational Administration		
Elementary Administration (Elementary Only)		
Elementary Curriculum (Elementary Only)		
School Supervision		
Directed Field Experience in Elementary Administration (Elementary Only)		
Education of the Exceptional Child (graduate or undergraduate)		
Secondary Administration (Secondary Only)		
Secondary Curriculum (Secondary Only)		
Directed Field Experience in Secondary Administration (Secondary Only)		
<input type="checkbox"/> <b>The applicant has knowledge and/or competency in each of the following areas:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Instructional Management Systems  Teaching-learning process  Instruction in communication skills  Educational measurements  Evaluation of teachers  Administration and coordination of special programs and services </div> <div style="width: 45%;"> School law  School business and facilities management  Student discipline  Public relations  Administration and coordination of school activities program  Philosophy of vocational education (secondary only) </div> </div>		
B. MIDDLE SCHOOL CERTIFICATE (cannot stand alone)		
The applicant meets all of the requirements for, or holds, an elementary/secondary principal's certificate <p style="text-align: center;"><b>AND</b></p> The applicant has completed the following:		
<b>Required Courses</b>	<b>Course Title</b>	<b>Course Number</b>
Middle School Philosophy, Organization, Curriculum		
Intellectual, physiological, emotional, and social development of the transescent child		
Five (5) semester hours of Teaching of Reading (to include Reading in the Content Field)		
Two (2) semester hours of Methods of Teaching Elementary Mathematics		
C. INSTITUTIONAL RECOMMENDATION		
The applicant has successfully completed our state-approved Educational Administration Program and the above certification requirements for: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Elementary Principal (K-8) <input type="checkbox"/> Secondary Principal (9-12) <input type="checkbox"/> Middle School Principal (5-9) (cannot stand alone) </div>		
The applicant has successfully completed our state-approved Educational Administration Program and the above certification requirements for: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Advanced Elementary Principal (K-8) <input type="checkbox"/> Advanced Secondary Principal (9-12) </div>		
<b>Note: All applicants for the Advanced Principal's Certificate must have completed a minimum of an Educational Specialist Degree in administration and all requirements for the initial principal's certificate.</b>		
AUTHORIZED EDUCATIONAL ADMINISTRATION SIGNATURE/TITLE	RECOMMENDING INSTITUTION	DATE
SECTION III: STATE-APPROVED EDUCATIONAL ADMINISTRATION PROGRAM APPROVAL INFORMATION		
FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES	
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION	<b>AFFIX OFFICIAL STAMP OR SEAL HERE</b>
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER (       )	
<b>ATTENTION UNIVERSITY OFFICIAL!</b> PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480. DO NOT RETURN THIS FORM TO THE APPLICANT. PHOTOCOPIES OR FACSIMILIES OF THIS COMPLETED FORM CANNOT BE ACCEPTED. VISIT OUR WEBSITE AT: <a href="http://www.dese.mo.gov" style="color: white;">www.dese.mo.gov</a>		